

SAFEGUARDING ADULTS POLICY

Policy number	
Title	Safeguarding Adults Policy
Approved by	Board of Trustees
Date of approval	24 September 2018
Review date	3 years from date of approval
Owner	Safeguarding Lead

Version	Amendments	Date
0.0	None – ORIGINAL draft	24 Sep 18

1. INTRODUCTION

- 1.1 The Board of Trustees of Autism Wessex is required by the Charity Commission to:
- Know their responsibilities in respect of safeguarding.
 - Promote the well-being and welfare of the charity beneficiaries.
 - Take reasonable steps to safeguard beneficiaries and to protect them from abuse or neglect.
 - Take reasonable steps to protect staff, volunteers and those connected with the activities of the charity, from harm.
 - Have adequate measures in place to assess and address safeguarding risks.
 - Have adequate safeguarding policies and procedures appropriate for their charity's particular circumstances and which reflect both the law and best practice.
 - Make sure that these policies and procedures are effectively implemented and regularly reviewed.
 - Take responsibility for putting right anything that goes wrong in the charity.
- 1.2 This policy sets out the responsibilities of Autism Wessex to safeguard the welfare of adults at risk and has been developed in line with national and local legislation and guidance. The policy applies to all trustees and staff, senior managers, paid staff, volunteers, sessional workers, agency staff and students, working on behalf of the organisation.
- 1.3 The purpose of this policy is to protect adults at risk who receive services from Autism Wessex. Also, to provide all Autism Wessex staff with a framework to enable them to fulfil their duties to safeguard adults at risk.
- 1.4 Autism Wessex believes that no adult should ever experience abuse or neglect and the organisation has a responsibility to safeguard all adults at risk and to take appropriate action when concerns are identified.

2. DUTIES

Staff & Volunteers

2.1 All Autism Wessex staff and volunteers, including trustees and school governors, have a duty to:

- Be alert to the possibility of adult abuse and neglect and be aware of local safeguarding policies and procedures.
- Attend mandatory safeguarding adults training, as appropriate to their role and responsibilities.
- Keep accurate records in respect of adult service users, appropriate to their role, when there are concerns regarding the welfare of adults at risk.
- Report concerns regarding adults at risk who are suffering abuse, or who may be at risk of harm, to statutory agencies, ie Adult Social Care or the Police, when appropriate to do so.
- Share relevant information with other professionals and other agencies regarding adults at risk who are suffering abuse, or who may be at risk of harm.
- Share relevant information with other professionals and other agencies, regarding adult service users who may pose a risk of harm to others.
- Report concerns to senior management regarding any Autism Wessex staff or volunteers who may have harmed an adult at risk, who may pose a risk of harm to adults at risk, who may have committed an offence against an adult at risk, or who may be unsuitable to work with adults at risk.
- Seek and follow advice from the Autism Wessex safeguarding lead when in doubt regarding any of the above duties.

The Chief Executive

2.2 The Chief Executive has a duty to ensure that a suitable infrastructure is in place to enable correct implementation of safeguarding adult policies and procedures and that suitable safeguarding adults training is in place and implemented. The Chief Executive should also ensure that the organisation participates in Safeguarding Adult Reviews, or Domestic Homicide Reviews, when required to do so.

The Safeguarding Lead

2.3 The Safeguarding Lead has the responsibility to offer advice to the Chief Executive and Senior Managers on safeguarding issues and provides assurance to the Board of Trustees that all necessary measures and arrangements are in place to safeguard adults at risk in the organisation.

2.4 The Safeguarding Lead is also responsible for:

- Promoting good professional practice.
- Ensuring that advice and support is available to all Autism Wessex staff in relation to safeguarding adults issues.
- Ensuring that safeguarding audit is undertaken and learning disseminated.
- Ensuring that safeguarding incidents are reviewed and any appropriate actions taken.
- Ensure that learning from Safeguarding Adult Reviews, or Domestic Homicide Reviews is disseminated.

The Head of Human Resources

2.5 The Head of Human Resources has the responsibility to:

- Ensure that safe staff recruitment practices are in place, to protect service users.
- Ensure that procedures are followed in respect of any staff or volunteers who may have harmed an adult at risk, who may pose a risk of harm to adults at risk, who may have committed an offence against an adult at risk, or who may be unsuitable to work with adults at risk and are referred, as required, to the Police or the Local Authority.

Managers

2.6 All managers have a duty to:

- Ensure that their staff are aware of and comply with local safeguarding policies and procedures
- Ensure that their staff fulfil their duties, whilst paying due regard to the safety and welfare of adults at risk at all times.
- Ensure that their staff attend safeguarding adults training, as appropriate to their roles and responsibilities.
- Provide safeguarding advice and support to their staff and provide an opportunity for discussion during supervision sessions, regarding safeguarding matters.
- Submit safeguarding incident notifications to the Autism Wessex Safeguarding Leads, as required.
- Submit notifications to CQC, in respect of allegations of abuse, as per CQC regulations.

3. SAFEGUARDING PROCESSES

3.1 Autism Wessex staff are required to participate in all safeguarding processes when there are concerns regarding the welfare of an adult at risk, including Section 42 Enquiries, Enquiry Planning Meetings, Enquiry Review Meetings, Multi-Agency Risk Management (MARM) meetings and any legal proceedings, when required. Advice can be sought from the Autism Wessex Safeguarding Lead regarding these processes.

4. INFORMATION SHARING

4.1 Information sharing is vital to safeguarding adults at risk. A key factor identified in many Safeguarding Adult Reviews has been a failure by practitioners to record information, to share it, to understand its significance and then take appropriate action.

4.2 Autism Wessex staff are required to cooperate with requests from Adult Social Care, or the Police, to share information regarding adults at risk and their families, when there are concerns about the welfare of an adult at risk.

5. STAFF SUPPORT & SUPERVISION

5.1 Advice to staff regarding safeguarding issues is available from the Autism Wessex Safeguarding Lead and senior managers and may also be sought from Adult Social Care in the local authority.

5.2 All managers are required to provide an opportunity for discussion regarding safeguarding issues during supervision sessions, to promote best practice and to offer support to practitioners, as involvement in safeguarding issues can have an impact on staff.

6. SAFE RECRUITMENT

6.1 Autism Wessex has a Recruitment Policy, which reflects national safer recruitment guidelines and Local Safeguarding Children Board guidance. All Autism Wessex staff will undergo enhanced Disclosure & Barring Service (DBS) checks.

7. ALLEGATIONS AGAINST STAFF

7.1 Autism Wessex has a Confidential Reporting (Whistleblowing) Policy, which details the actions to be taken when there is an allegation or concern regarding any member of staff or volunteer who has contact with children and young people in their work or activities.

7.2 The statutory Duty of Candour places a requirement on providers of health and adult social care to be open with people and their families when there are failings or things go wrong. Providers should establish the duty throughout their organisations, ensuring that honesty and transparency are the norm in every organisation registered by the CQC. <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-candour>

8. PROCEDURES TO BE FOLLOWED IN RESPONDING TO SAFEGUARDING CONCERNS

8.1 The procedure to be followed in responding to safeguarding concerns is at **Appendix 1**; this is supported by the flowchart at **Appendix 2**.

9. ASSOCIATED DOCUMENTATION

9.1 This policy should be read in conjunction with:

- Bournemouth & Poole Safeguarding Adults Board Safeguarding Adults Policy <http://www.bpsafeguardingadultsboard.com/>
- Dorset Safeguarding Adults Board Safeguarding Adults Policy <https://www.dorsetforyou.gov.uk/care-and-support-for-adults/information-for-professionals/dorset-safeguarding-adults-board.aspx>
- Somerset Safeguarding Adults Board Safeguarding Adults Policy <https://ssab.safeguardingsomerset.org.uk/wp-content/uploads/Joint-Safeguarding-Adults-Policy-FINAL-25-January-2018-Somerset-PUBLISHED.pdf>
- Autism Wessex Confidential Reporting (Whistleblowing) Policy
- Autism Wessex Recruitment Policy

Appendices:

1. **Responding to safeguarding adult concerns**
2. **Flowchart: what do you do if you are concerned about the welfare of an adult**
3. **Legal framework**
4. **Definitions**

RESPONSE TO SAFEGUARDING ADULT CONCERNS

- Should any member of staff become aware of information indicating harm or risk of harm to an adult at risk, including when an adult discloses something of concern, they have a duty to take appropriate action immediately, as any delay could increase the risk of harm to the adult at risk.
- Should information be disclosed to staff indicating harm or risk of harm to an adult at risk, or they disclose something of concern, they should listen to what they say and don't make assumptions.
- Any information should be clearly documented by staff and any disclosures should be documented in the individual's own words. Staff should not ask leading questions, as this could prejudice any formal investigation.
- If the adult at risk is in immediate danger, or in need of immediate medical attention, action should be taken to ensure their safety and wellbeing, including seeking urgent medical assistance.
- If appropriate, staff should make a referral, or seek advice from Adult Social Care immediately. A referral should be made by telephone to the Adult Social Care team in the local authority area where the abuse has taken place and should be followed up in writing within 48 hours.
- Consent to the referral should be sought from the service user, if they have the capacity to do so, under the Mental Capacity Act (MCA), 2005. Where the individual has consent and refuses to consent to a referral, further advice should be sought from the Autism Wessex Safeguarding Lead.
- Adult Social Care should respond to the referrer within 1 working day, with the planned course of action, if this does not happen, staff should follow up the referral within 3 working days. Staff should not assume action has been taken without confirmation.
- The police should be called immediately, if it is believed that a serious crime has taken place.
- In cases involving suspected physical or sexual assault, care must be taken to preserve evidence.
- When in doubt, staff should seek advice from the Autism Wessex Safeguarding Lead and follow this advice immediately.
- Staff should document clearly all of their concerns, discussions, advice given and any action taken in the records of the service user.

ESCALATION OF CONCERNS

Any member of Autism Wessex staff who has raised a concern about a safeguarding adult issue and is concerned that their concerns are not being addressed appropriately, must follow this up as a matter of priority.

Where there is professional disagreement between different agencies relating to the safeguarding of adults at risk, each Local Safeguarding Adults Board has produced a mechanism for practitioners and agencies to resolve these differences, when they cannot be resolved through discussion and negotiation between practitioners at front line level. These processes should be followed by Autism Wessex staff in cases where agreement cannot be reached with front-line practitioners from Adult Social Care, or other agencies. Advice and support with this process should be sought from the Autism Wessex Safeguarding Lead, as required.

In Dorset, Bournemouth & Poole staff should follow Appendix 22 of the Dorset, Bournemouth & Poole Safeguarding Adults Procedures: Guidance re dealing with disputes and conflict of opinion. <https://www.dorsetforyou.gov.uk/care-and-support-for-adults/information-for-professionals/dorset-safeguarding-adults-board/dorset-safeguarding-adults-board-pdfs/multi-agency-safeguarding-adults-procedures.pdf>

In Somerset, staff should follow the Somerset Safeguarding Adults Board Escalation Policy. <https://ssab.safeguardingsomerset.org.uk/wp-content/uploads/2016/02/SSAB-Escalation-Policy.pdf>

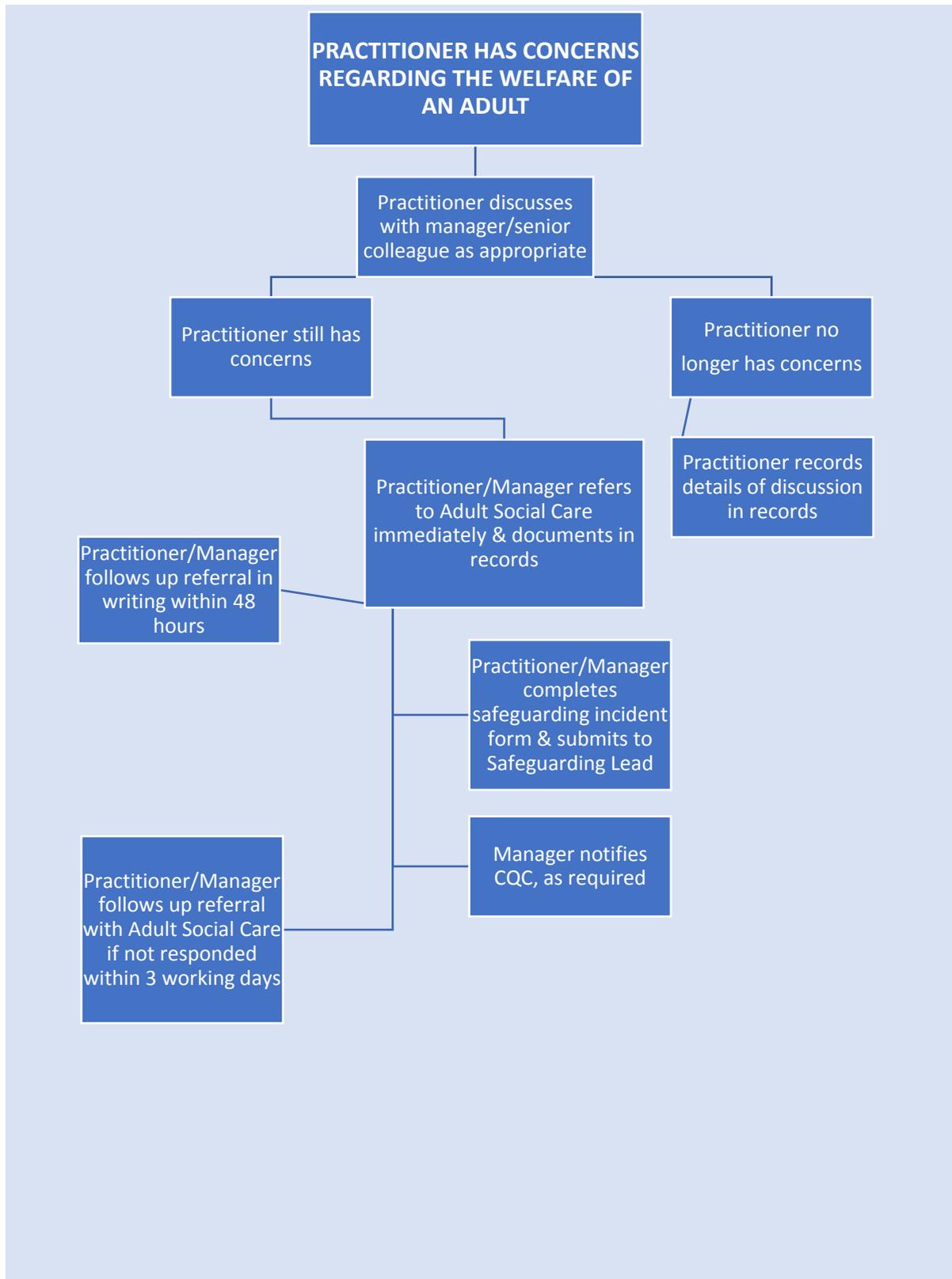
For concerns involving Autism Wessex staff, including poor professional practice, staff should seek support from line managers, or the Autism Wessex Safeguarding Lead.

RECORD KEEPING

Record keeping is an integral part of good practice, and is essential to the provision of safe and effective care. Records should be factual, accurate, clear, concise and contemporaneous, they should differentiate between fact, observation and opinion and any third-party information should be correctly attributed. Unnecessary abbreviations, jargon and meaningless phrases should be avoided.

All concerns, discussions, advice given and any action taken in respect of concerns regarding the welfare of an adult at risk should be clearly documented. All referrals and correspondence should be saved in the adult's record.

**AUTISM WESSEX
WHAT TO DO IF YOU CONCERNED ABOUT THE WELFARE OF AN ADULT**



LEGAL FRAMEWORK

The Care Act (2014) <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

The Health & Social Care Act (2015)
http://www.legislation.gov.uk/ukpga/2015/28/pdfs/ukpga_20150028_en.pdf

The Mental Health Acts (1983 & 2007)
<https://www.legislation.gov.uk/ukpga/1983/20/contents>
<https://www.legislation.gov.uk/ukpga/2007/12/contents>

The Mental Capacity Act (2005) <https://www.legislation.gov.uk/ukpga/2005/9/contents>

Deprivation of Liberty Safeguards (Liberty Protection Safeguards – MCA Amendment Bill 2018) <https://www.gov.uk/government/publications/deprivation-of-liberty-safeguards-forms-and-guidance>

The Serious Crime Act (2015) <http://www.legislation.gov.uk/ukpga/2015/9/contents/enacted>

The Counter-Terrorism and Security Act (2015)
<http://www.legislation.gov.uk/ukpga/2015/6/contents/enacted>

The Modern Slavery Act (2015)
<http://www.legislation.gov.uk/ukpga/2015/30/contents/enacted>

The Charity Commission Strategy for dealing with safeguarding issues in charities, 2017.
<https://www.gov.uk/government/publications/strategy-for-dealing-with-safeguarding-issues-in-charities/strategy-for-dealing-with-safeguarding-issues-in-charities>

The Care Quality Commission (CQC) Regulations for service providers and managers;
Regulation 13: Safeguarding service users from abuse and improper treatment.
<https://www.gov.uk/government/publications/strategy-for-dealing-with-safeguarding-issues-in-charities/strategy-for-dealing-with-safeguarding-issues-in-charities>

Appendix B: DEFINITIONS

Term	Descriptor
An adult at risk	Applies to an adult who: <ul style="list-style-type: none"> • Has care and support needs, AND • Is experiencing, or is at risk of, abuse or neglect, AND • Is unable to protect themselves from either the risk of, or the experience of abuse or neglect, because of those needs
Making safeguarding personal	<ul style="list-style-type: none"> • The Care Act 2014 makes this statutory for safeguarding adults • Facilitates a person-centred approach to safeguarding • Establish what the service user wants regarding risk management and the outcomes they want to be achieved • Benefits include service users empowered to protect themselves • Service users gain the outcomes that they want, person put before the process • Quicker resolution to concerns that have been raised • People have the right to make capacitated unwise decisions • Need to ask the service user for their views on raising a concern unless by doing so the risk of harm to them or others would be increased
Physical abuse	Non-accidental harm to the body, includes inappropriate restraint or physical interventions
Psychological abuse	Actions which adversely affect a person's emotional wellbeing & causing mental distress.
Neglect	Failure to provide the care and treatment that a responsible person could be expected to provide, includes self-neglect & hoarding.
Self-neglect	<ul style="list-style-type: none"> • Neglecting personal hygiene, health, nutrition or surroundings and includes hoarding and refusal of services • An adult who has capacity to make choices may make decisions that others think of as self-neglect.
Sexual abuse	<ul style="list-style-type: none"> • Direct or non-direct involvement of sexual activity without consent/capacity • Offence to have sex with an adult who has a mental disorder impeding choice • Offence for a care worker to have sex with an adult who has a mental disorder impeding choice
Financial or material abuse	<ul style="list-style-type: none"> • Theft • Fraud • Internet scamming • Coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, • Misuse or misappropriation of property, possessions or benefits
Discriminatory abuse	<ul style="list-style-type: none"> • Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership,

	<p>pregnancy and maternity, race, religion and belief, sex or sexual orientation</p> <ul style="list-style-type: none"> • Known as 'protected characteristics' under the Equality Act 2010 • Denying basic rights to healthcare, education, employment and criminal justice • Substandard service provision
Organisational/ institutional abuse	<ul style="list-style-type: none"> • Run-down or overcrowded establishment • Authoritarian management or rigid regimes • Lack of leadership and supervision • Poor quality care • Abusive and disrespectful attitudes • Inappropriate use of restraints • Lack of respect for dignity and privacy • Failure to manage residents with abusive behaviour • Not providing adequate food and drink, or assistance with eating
Online abuse	<ul style="list-style-type: none"> • Any type of abuse that happens on the web, through social networks, online games or using mobile phones • Adults at risk may experience cyberbullying, grooming, sexual abuse, sexual exploitation or emotional abuse
Female Genital Mutilation (FGM)	<p>Comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons. FGM is illegal in England and Wales under the FGM Act 2003. It is a form of child abuse and violence against women.</p>
County lines	<ul style="list-style-type: none"> • Urban gangs supplying drugs to suburban areas, market and coastal towns using dedicated mobile phone lines or "deal lines" • It involves criminal exploitation, as gangs use children and vulnerable people to move drugs and money • Gangs establish a base in the market location, taking over the homes of local vulnerable adults by force or coercion in a practice referred to as 'cuckooing'
Prevent	<p>Prevent is part of the UK's Counter Terrorism Strategy known as CONTEST. Prevent works to stop individuals from getting involved or supporting terrorism or extremist activity. Radicalisation is a psychological process where vulnerable and/or susceptible individuals are groomed to engage into criminal, terrorist activity. Prevent is part of existing safeguarding responsibilities for professionals, not an additional job. Vulnerable individuals can be referred to Prevent for support in a pre-criminal space. (The Counter-Terrorism and Security Act, 2015)</p>
Domestic abuse	<p>Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:</p> <ul style="list-style-type: none"> • psychological • physical • sexual • financial

	<ul style="list-style-type: none"> • emotional <p>Includes honour-based violence, Female Genital Mutilation (FGM) and forced marriage. Victims are not confined to one gender or ethnic group.</p>
Human trafficking	Human trafficking is the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. British and foreign nationals can be trafficked into, around and out of the UK.
Modern slavery	Encompasses slavery, servitude, forced and compulsory labour and human trafficking. Traffickers and slave drivers coerce, deceive and force individuals against their will into a life of abuse, servitude and inhumane treatment. A large number of active organised crime groups are involved in modern slavery, but it is also committed by individual opportunistic perpetrators.